								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO														
Effective October 1, 2003									049264-0525					
CLAIMS AS FILED - PART I									NTITY	OTHER THAN				
(Column 1) (Column 2)							TYPE			OR	SMALL	ENTITY		
TOTAL CLAIMS			21				RAT	Ε	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMB	ER EXTRA	BASIC	BASIC FEE 3		OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			21 minus 20=		• /		X\$ 9=			OR	X\$18=	18		
INDEPENDENT CLAIMS			minus 3 =		· Ø		X43=			OR	X86=	7.0		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				+145		-	OR	+290=			
• If	the difference	in column 1 is	ess than zero, enter "0" in column 2			column 2	TOTAL		OR	TOTAL	2ex/			
								٦.		JOI Y	OTHER	THAN		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR	SMALL			
		CLAIMS		HIGH	EST	PRESENT	Ť		ADDI- TIONAL			ADDI-		
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIC PAID I	DUSLY	EXTRA	RAT	RATE			RATE	TIONAL FEE		
	Total	· Z/	Minus	*Z	/ ·	=	X\$ 9	=	FEE	OR	X\$18=			
MEN	Independent	. 2	Minus	ځ ***	_	=	X43	=		OR	X86=			
₹	FIRST PRESENTATION OF MULTIPLE DEPEN		PENDENT	CLAIM										
								= TAL		OR	+290=			
										OR	TOTAL ADDIT FEE			
	(Column 1) (Column 2) (Column 3)											·		
æ		CLAIMS REMAINING		HIGH	BER	PRESENT	RATE		ADDI- TIONAL		RATE	ADDI- TIONAL		
N		AFTER AMENDMENT		PREVIO		EXTRA	HAII	=	FEE		HAIE	FEE		
AMENDMENT B	Total	*	Minus	tit		=	X\$ 9	=		OR	X\$18=			
ME	Independent	*	Minus	***		=	X43:	-		OR	X86=			
٧	FIRST PRESE	NTATION OF MU	ENDENT	CLAIM-		+145				+290=				
										OR	+29U=	•		
								EE		OR	ADDIT. FEE			
(Column 1) (Column 2) (Column 3)														
o		CLAIMS REMAINING		HIGH	BER	PRESENT EXTRA			ADDI-]	0	ADDI-		
ENT	. •	AFTER AMENDMENT		PREVIO			RATE		TIONAL FEE		RATE	TIONAL FEE		
AMENDMENT C	Total	*	Minus	**		= .	X\$ 9	-		OR	X\$18=			
ME	Independent	*	Minus	***		=	X43=			OR.	X86=			
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1						
+145=											+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT, FEE			
	f the "Hinhest Nur	mber Previously Pa ber Previously Paid	id For IN THE	S SPACE is	s less tha	n 3, enter "3."	found in the	app	ropriate box					
	J	•	•								•			